GODDARD SKI CLUB TRIP APPLICATION Mount Snow, Vermont February 22-27, 2009

Please complete all information, print, sign and submit a trip deposit check (payable to "Goddard Ski Club") to the Trip Leader: Michael Calabrese, 7314 Idylbrook Ct., Falls Church, VA 22043 Each individual must submit a separate application form (combined checks are acceptable).

Name (first, last):			
Street Address:			
Home Phone:	e: Work Phone:		
E-Mail Address:			
Age: 5 or under 6-	13-18	19-64	65 or over
Male Female			
Sharing room with			8
Sharing room with		Need room	mate assigned
Emergency Contact (person	n not on trip):		C
Relationship:			
Home Phone:	W	Work Phone:	
Medical Conditions:			
Medical or Drug Allergies:	·		
Medical/Health Insurance			
Policy No	Phone No.		
MPORTANT TRIP POLICIES	1 none 1 (o.		
All trip participants must be co	urrent members of the Gode	dard Ski Club. F	or membership details,
visit the Club website http://g			-
Leader.			
Lodging rates are based on do	- · · ·	-	
Γrip Leader will endeavor to assign			
of the same gender, you may pay the			
amount depends upon the cancellat Reservations are accepted on a			
on schedule. Payment reminders at			
with the remaining balance due by			
charged for cancellations after Sept			
rip completion and to the extent th			•
you have an injury, illness, or other			
find a replacement, but you are full			
Each trip participant is person	nally and solely responsible	to ensure that he	e/she is physically able to
ski under the prevailing conditions	and that his/her ski equipm	ent is properly m	naintained. Trip
cancellation insurance is NOT prov	ided by the Goddard Ski C	lub, but is highly	recommended. The
Goddard Ski Club, its officers, trip	· ·	_	onal injury, death, or
property damages involving partici			
I HAVE READ, UNDERSTAND,	AND AGREE TO THE A	BOVE TRIP PO	LICIES.
Signature		Date	
ກາຊກາດເພາ ບ		Date	